



ARIZONA DEPARTMENT
OF HEALTH SERVICES

EMERGENCY RESPONSE PLAN

Arizona Department of Health Services

December 2016

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Record of Distribution

Date:	Recipient:	Platform:

Record of Changes

Date:	Change:	Location
03/2016 – 11/2016	<ul style="list-style-type: none"> Updated plan to encompass CPG 101 principles Align with the National Incident Management System (NIMS) Incorporate basic aspects of agency Continuity of Operations (COOP), Crisis and Emergency Risk Communication (CERC), Crisis Standards of Care (CSC) and other after action improvement items New formatting and incorporation of the new agency branding standards Further inclusion of an all-hazards approach for emergency response, Plan now provides base for all other response plans –CT 11/28/2016	Entire plan

Purpose

This document is the Arizona Department of Health Services (ADHS) Emergency Response Plan (ERP) for public health incidents ranging from small to extreme. This Plan, along with the Health Emergency Operations Center (HEOC) Standard Operating Procedure (SOP), provides overarching guidance for all types of public health emergencies and disasters. This ERP describes roles, responsibilities, and the all-hazards concept of operations for a public health response, while the HEOC SOP contains specific steps to activate the HEOC and establish an incident command system (ICS) across the Department. During an emergency or disaster, these two documents will be used by ADHS response staff to establish operations and institute ICS for the public health and medical response.

As an all-hazards plan, this document serves as the foundation for a variety of public health support functions and hazard-specific annexes. The public health support annexes provide additional guidance to emergency response staff for specific functions (e.g., ADHS Crisis and Emergency Risk Communication (CERC) Plan, ADHS Strategic National Stockpile (SNS) Plan, and the Arizona Crisis Standards of Care (CSC) Plan). These functional annexes are all-hazards in nature and can be used to support many types of responses.

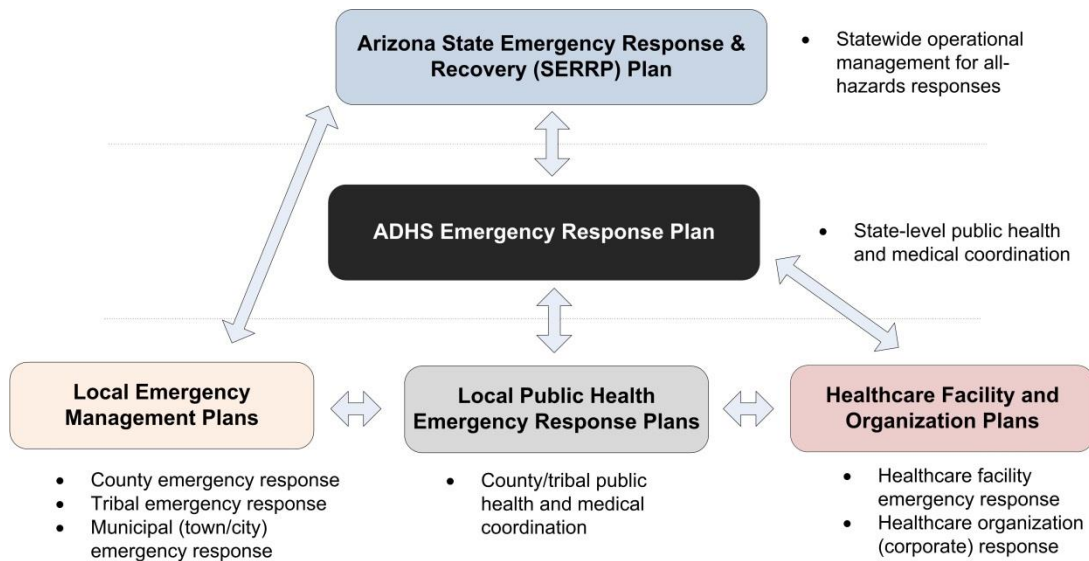
In addition to the public health support annexes, ADHS has developed hazard-specific annexes to address challenges posed by natural disasters, emerging infectious diseases, and other chemical, biological, radiological, nuclear, and explosive threats. In many cases, both public health support and hazard-specific annexes will be used to guide response and recovery efforts during a public health emergency or declared disaster. See Appendix A for a full list of public health support annexes and hazard-specific annexes.

This Plan is intended to work in concert with the Arizona State Emergency Response and Recovery Plan (SERRP), which is maintained by the Arizona Department of Emergency and Military Affairs (DEMA). The ADHS ERP, HEOC SOP, and other plan annexes will guide Emergency Support Function (ESF) 8 (Public Health and Medical) and other ESF support roles during all-hazards responses across the state. Figure 1, on the next page, explains the relationship between the SERRP, this ADHS Plan, the HEOC SOP, and Plan Annexes.

Appendix B, *ADHS Roles and Responsibilities in SERRP*, provides an “at-a-glance” view of responsibilities for each ESF and specific hazards. ADHS is the lead agency for ESF 8 but also plays key support roles for many other ESFs including Communications (ESF 2), Mass Care (ESF 6) and External Affairs (ESF 15). Roles and responsibilities for each ESF are detailed in Appendix B.

As a border state, ADHS staff routinely works with partners in Mexico. The ADHS Office of Border Health coordinates and integrates public health program efforts to identify, monitor, control and prevent adverse health events in border communities. The Office of Border Health also strengthens cross-border public health collaboration with the Secretaria de Salud de Sonora in Sonora, Mexico. The Arizona Health Alert Network (AzHAN) will be used to facilitate communication, health alerts, and updates between Arizona and Mexico.

Figure 1: Plan Relationships



ADHS epidemiology personnel coordinate with their Sonoran counterparts through the state's electronic disease surveillance system known as the Medical Electronic Disease Surveillance and Intelligence System (MEDSIS). Public health personnel use a Spanish version of the system, which allows ADHS to easily share bi-national cases with Sonora. This system will be used to share real-time data across the border during a public health response.

The U.S.-Mexico Border Health Commission promotes sustainable cross-border partnerships to address border health challenges. Outcomes include increased community and inter-agency networking relationships, information sharing, and educational opportunities. During a disaster, Arizona Mexico Commission will support economic recovery, transportation, and emergency management. Given the heightened need for cross-border coordination in preventing and responding to emergencies, the Commission established the Emergency Management Committee in November 2003 to enhance preparedness and response throughout the Arizona-Sonora region. ADHS will coordinate with these bi-national organizations and federal partners to coordinate cross-border emergency response activities.

Scope

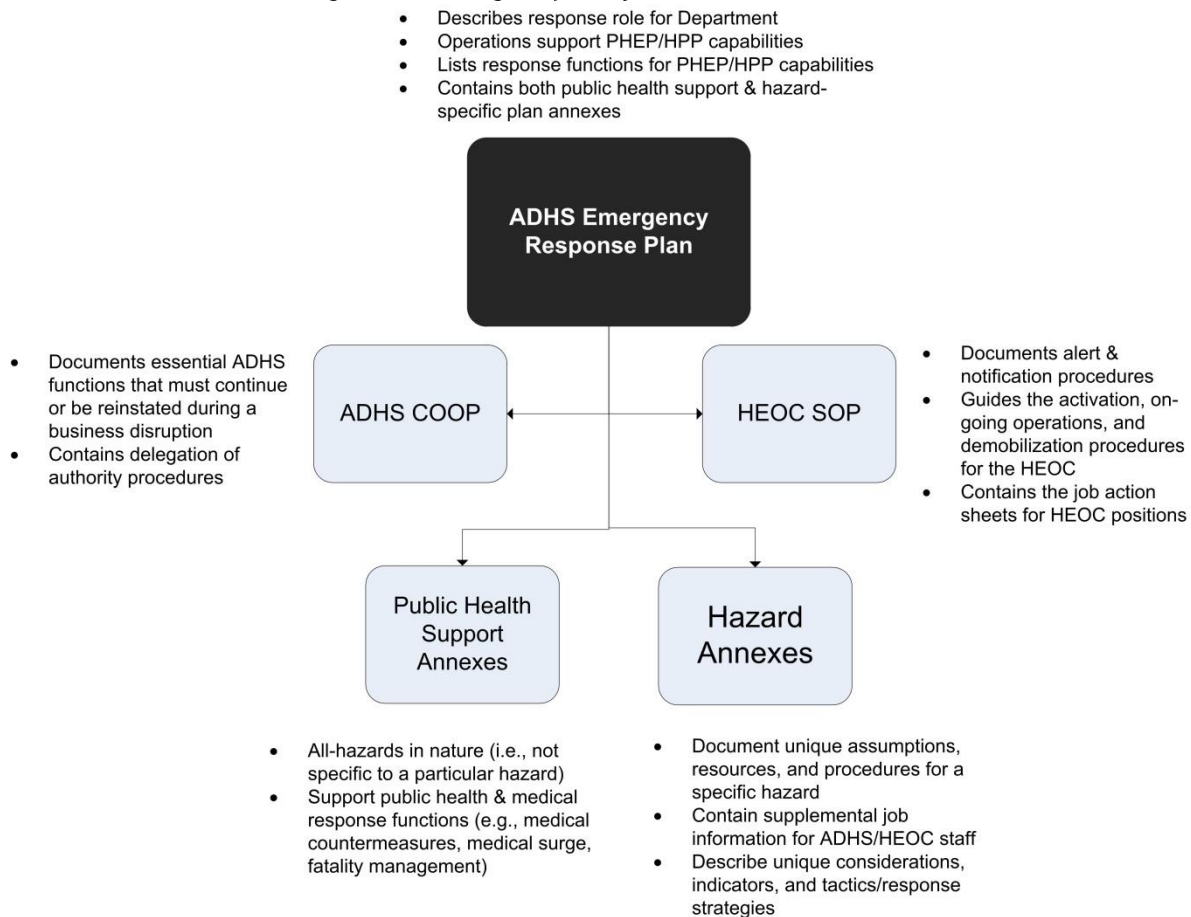
This Plan supports responses to all levels of public health emergencies and disasters, from local responses with state involvement, to interstate and even international responses. In keeping with the ICS concepts of flexibility and scalability, all or part of the procedures contained in this Plan may be used to support response efforts depending on the scope of the emergency or disaster.

This Plan is applicable to all types of natural and human-caused disasters including chemical, biological, radiological, nuclear, and explosive (CBRNE); weather and natural

disasters; terrorism; and technological failures. The plan supports the statewide healthcare system, public health response, and local public health emergency operations. Refer to Appendix B for a full list of public health support and hazard-specific annexes. Figure 2 below explains the relationship between this Plan and the public health and hazard specific support annexes.

The scope of this Plan encompasses coordination and support for at-risk populations, including limited English proficiency (LEP) populations, geographically isolated individuals, access and functional needs (AFN) groups, people with serious mental illness (SMI), and others requiring behavioral healthcare. Response strategies will take into account the medical and public health needs of groups such as people with disabilities, pregnant women, children, senior citizens, and other sub-groups as dictated by the response. The needs and challenges facing at-risk populations will be central to any emergency response and will be included in the department's incident action planning and interagency coordination.

Figure 2: Emergency Response Plan Overview



Situation Overview

As an agency that receives federal funding, ADHS incorporates elements of the National Incident Management System (NIMS) into emergency operations. The Department's incident

command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant. PHIMS integrates multiple department-wide program activities into a cohesive, modular emergency response structure capable of expanding or contracting to fit the size of the emergency or disaster.

A wide variety of organizations, systems, and resources can be used to support a public health response within the state. Additional state specific resources include:

- State-designated healthcare coalitions
- Arizona Disaster Pediatric Coalition
- Senior Advisory Committee (for emergency preparedness)
- Homeland Security Senior Advisory Committee
- Arizona Disaster Burn Care Network
- Arizona Tribal Executive Committee (AzTEC)
- Arizona State Citizen Corp Council
- Arizona Emergency System for Advance Registration of Health Professionals (ESAR-VHP)
- Poison Control Centers (Phoenix and Tucson)
- Radiological Injury Treatment Network (RITN)
- Arizona Healthcare Acquired Infection (HAI) Multidisciplinary Advisory Group
- Arizona Local Health Officers Association (ALHOA)
- Arizona Local Public Health Emergency Response Association (ALPHERA)
- Arizona State Emergency Council

During a disaster, HEOC staff will work with these partner organizations and systems to support the public health and medical response. ADHS will send a liaison to serve as the Health and Medical Services Coordinator at the State Emergency Operation Center (SEOC), which is coordinated by DEMA. The Health and Medical Services Coordinator at the SEOC will be staffed by an ADHS representative with substantial experience managing public health responses. This liaison role is crucial to maintaining operational control and situational awareness during all-hazards responses.

Planning Assumptions

All-hazards emergency responses will be guided by this plan and applicable public health support and hazard-specific annexes. This plan was developed to support any type of disaster including the following hazards identified in the *2014 Arizona Threat and Hazard Identification and Risk Assessment*: active shooter incidents, cyber security breach, explosive ordinance device, infectious disease outbreak, epidemic or pandemic, and wildfires. The following assumptions apply to the activation of this Plan:

- Activation of the Emergency Response Plan may be based off minimal information
- Activation of public health support and/or hazard-specific annexes will occur as more information is collected and deemed appropriate

- ADHS will serve as a communication bridge between local and tribal health departments, the SEOC, and federal partners (Health and Human Service (HHS), Centers for Disease Control and Prevention (CDC), etc.)
- ADHS will support local and tribal response through personnel and resource support requests
- Under ARS § 36-136, ADHS can, if deemed necessary and effective, deploy isolation and quarantine measures upon a population
- Activation of the ADHS ERP can be triggered by any of the following:
 - Emergency, disaster, or occurrence causing one or more local and tribal health partners to surpass resource capabilities
 - Emergency, disaster, or occurrence with potential public health consequences
 - Activation of the SEOC
- Alerts from the Homeland Security National Terrorism Advisory System may prompt partial or full plan activation

Concept of Operations

This section outlines the public health and medical response components that may be performed by ADHS during a disaster. These components represent actions ADHS can take to support a disaster response (i.e. what ADHS and its state, local, tribal, and healthcare system partners can do). They correspond with the six domains and the fifteen capabilities published by the CDC in the *Public Health Preparedness Capabilities National Standards for State and Local Planning* (2011).

In addition to these defined response roles for public health, this section also covers continuity of operations (COOP) planning, which will be a critical component for disaster responses. *The ADHS Continuity of Operations – Executive Management Plan (COOP-EMP)* will be used to manage response elements that are internal to ADHS (Human Resources, emergency procurement, cost reimbursement) and ensure that essential functions identified by Department leadership continue during the emergency response.

Biosurveillance

Biosurveillance operations include both laboratory testing for biological and chemical agents and surveillance and epidemiology for all types of hazards. In many cases, staff from these two functional areas work closely together to collect, analyze, and assess data for public health responses.

Public Health Laboratory Testing

Primary emergency response functions for laboratory testing include managing laboratory activities, performing sample management, testing and analysis for routine and surge capacity, supporting public health investigations, and reporting results.

The Arizona State Public Health Laboratory (ASPHL) maintains biosafety plans, chemical hygiene plans, and an *Incident Response Plan*. The purpose of these plans is to describe the response procedures for handling emergencies encountered during laboratory operations.

ASPHL has a *Fire/Emergency Evacuation Plan* documenting procedures for actual emergencies and evacuation drills.

ASPHL works closely with the Bureau of Epidemiology and Disease Control (EDC) to notify the staff of high priority samples and other relevant data. Details regarding laboratory emergency response procedures can be found in the *ASPHL Continuity of Operations Annex*. Surge capacity and emergency response are also addressed in this continuity plan.

ASPHL can conduct a wide variety of tests to support public health and medical operations. Examples of tests conducted at the facility include:

- Bio-threat agents
- Food microbiology
- Chemical agents
- Influenza typing
- Identification of outbreak-related and emerging infectious diseases
 - Ebola
 - Measles
 - Middle eastern respiratory syndrome (MERS)
 - Rubella, etc.
- Vector-borne diseases
 - Plague
 - West Nile virus
 - St. Louis encephalitis
 - Western equine encephalitis
 - Chikungunya
 - Dengue fever, etc.
- Environmental samples (e.g., air, soil and water)

ASPHL is located at 250 N. 17th Ave., Phoenix, AZ 85007 and operates Monday through Friday from 8:00 a.m. to 5:00 p.m. In an emergency, certain portions of the laboratory, (such as bio-threat and chemical agent testing) can be made available during evenings and weekends. The Arizona State Health Laboratory emergency line can be accessed by calling: 480-303-1676. ASPHL is a member of the Laboratory Response Network (LRN) and functions as a confirmatory level laboratory. It is the reference laboratory for the State of Arizona. The laboratory has a memorandum of understanding (MOU) with Colorado, New Mexico and Utah. The purpose of this MOU is to provide surge capacity for other labs during public health response.

Public Health Surveillance and Epidemiological Investigation

Key response functions for this capability include conducting public health surveillance and detection; conducting investigations; and recommending, monitoring, and analyzing mitigation actions. Recent infectious disease responses have highlighted the importance of coordination between state, local, tribal, and federal agencies as well as contact tracing and active/passive monitoring of potentially exposed persons.

As part of the efforts to detect and respond to an outbreak of infectious disease or bio-threat event, ADHS, county, and tribal health departments have developed a web-based

application called MEDSIS (Medical Electronic Disease Surveillance and Intelligence System) to electronically capture disease information from Arizona hospitals and clinical laboratories. Local, tribal, and state public health can use the system to document disease and outbreak investigations and manage affected cases. This system will be used to support public health operations during all types of emergencies and disasters. During a response, the system will shorten reporting lag time, facilitate secure data sharing between the state, county, and tribal health departments, and decrease the burden on reporting sources.

Community Resilience

Community resilience includes both preparedness and recovery. Preparedness comprises all on-going, day-to-day activities (e.g., planning, training, exercising) intended to improve readiness for all types of emergencies and disasters. As a result, preparedness is not considered part of this response plan. Community recovery is a key part to any response. During the recovery phase, communities will need to assess impacts and set priorities for a “return to normal” and in some cases must redefine what “normal” means for their community.

Community and Healthcare System Recovery

Community Recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. Key functions include identifying and monitoring public health, medical and mental/behavioral health system recovery needs; coordinating community public health, medical, and mental/behavioral health system recovery operations; and implementing corrective actions to mitigate damages from future incidents. Additional information on recovery operations is documented in the Recovery section below.

Countermeasures and Mitigation

This domain encompasses key capabilities for a public health response including medical countermeasures, medical supplies and materiel, non-pharmaceutical intervention, and responder safety and health. This includes many of the medical and non-medical actions the health and medical system can take to protect the public against a chemical, biological, radiological, nuclear, explosive, or environmental threat.

Medical Countermeasures

Key functions for this capability include identification and initiation of medical countermeasure dispensing activities, activation of dispensing modalities, dispensing countermeasures to identified population, and reporting adverse events from countermeasures.

Medical countermeasures may be used to respond to all disaster types (i.e., CBRNE and Pandemic Influenza) and may be used for treatment or prophylaxis depending upon the circumstances. For some responses, local supplies and caches may be used. Larger responses requiring federal disbursement of assets will involve state-level receipt storage

and shipping (RSS) of assets to local points of dispensing (POD). See the *ADHS SNS Plan* for additional information on medical countermeasure management.

Medical Materiel Management and Distribution

This capability encompasses the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident. See the *ADHS SNS Plan* for additional information.

A variety of medical materials may be required to support all-hazards responses. As with medical countermeasures, local supplies and caches of medical materiel will be used first during a response. Larger responses may require distribution of medical material from federal sources (e.g., SNS or Department of Defense).

Non-Pharmaceutical Intervention (NPI)

This capability includes the ability to recommend strategies for disease, injury, and exposure control. Strategies may include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Sanitation and hygiene practices
- Precautionary protective behaviors

During a response, subject matter experts in the HEOC will work with local counterparts to implement these NPI strategies. Coordination with public information staff, both ADHS personnel and those involved in joint information system (JIS) operations, will be key to informing the public and implementing NPIs.

Responder Safety and Health

This capability is the ability to protect healthcare workers, first responders, front line staff, and public health workers responding to an incident. Key functions include the identification of responder safety and health risks, safety and personal protective needs, coordination with partners to facilitate hazard-specific safety and health training, and monitoring of responder safety and health. Emergency medical and psychological care for first responders may need to be coordinated with healthcare and behavioral health partners. Subject matter experts within the HEOC will work with response partners to develop guidance and implement strategies for responder safety and health.

Incident Management

This domain includes emergency operations and all the interagency coordination required to manage a response, procure resources, and maintain situational awareness. Continuity of Operations (also known as business continuity) is addressed in this section. As a multi-agency coordination center (MACC), ADHS is not typically responsible for on-scene incident

or emergency management, but rather functions as a coordination entity filling a gap between the local response and resources needed from the state or federal level.

Emergency Operations Coordination

Emergency operations coordination is the ability to direct or support the public health and medical response to any type of emergency or disaster. Key response functions include conducting preliminary assessment to determine the need for public activation, activating the HEOC, developing an incident response strategy, managing and sustaining the statewide public health response, demobilization and evaluation of the public health response, and recovery.

During a public health emergency, state of emergency declaration or as support to an emergency response, ADHS will assist in procuring resources utilizing its authorities outlined in Title 36 of the Arizona Revised Statutes and capabilities in coordination with other support agencies. ADHS will allocate available resources based on identified priorities in coordination with local and tribal health departments, state-designated healthcare coalitions, and federal partners.

ADHS has identified two locations for the HEOC, the primary location is at 150 N. 18th Avenue, Phoenix Arizona in the main ADHS Building. The alternate location is on the Arizona State University campus at 301 E. Apache Blvd. Tempe, AZ.

Procedures for the activation, ongoing operation, and demobilization of the HEOC are contained in the HEOC Standard Operating Procedure; additional procedures and checklists for each key HEOC staff position are contained in the HEOC Playbooks. Hard copies of these documents are available in the HEOC and are ready for transport to the alternate HEOC location. The ADHS HEOC Relocation Plan outlines steps for activating and operating the Department's alternate HEOC location.

Continuity of Operations

In many cases, there may be a COOP component to an emergency response. Essential ADHS functions must be maintained at all times. During an emergency response, COOP activities will be overseen by the COOP Policy Group and executed by the HEOC staff. These essential following functions are fully documented in the *ADHS COOP-EMP*:

- Operations of the State Hospital
- Provision of behavioral health services for Arizona's SMI population
- Operation of the Public Health Incident Management System (PHIMS)
- Operation of the State Laboratory
- Operations of the Public Health Death Registry
- Issuance of birth certificates to disaster victims and survivors

During ERP activation, the ADHS Director or designee maintains responsibility for control and direction of ADHS operations. Should the Director become unavailable or incapacitated, ADHS's pre-determined order of succession and delegations of authority will take effect, and terminate when these channels have resumed. The delegations of authority, referred to as deputations, are found in Arizona Revised Statutes (A.R.S) § 36-136(C).

ADHS has identified the following delegations of authority: 1) Orderly succession of officials to the position of the Director in the case of absence, vacancy, or inability of the Director to act, especially during an emergency or national security emergency; 2) Lines of Succession for key positions identified in the Continuity Personnel Roles and Responsibilities chart. The corresponding worksheets for Delegations of Authority and Lines of Succession can be found at: <http://sharepoint.health.azdhs.gov/COOP>

Information Management

This domain involves two critical capabilities: Emergency Public Information and Warning and Information Sharing. Together these capabilities address both the internal and external communication pathways as well as strategies for information exchange with the public.

Emergency Public Information and Warning

Key functions for this capability include activating the public information system, determining the need for a joint public information system, establishing and participating in information system operations, establishing avenues for public interaction, and issuing public alerts. Departmental public information and crisis communications procedures are covered in the *ADHS Crisis Emergency Risk Communication (CERC) Plan*. This document outlines communication strategies for an emergency response or internal crisis, including steps and considerations for activation of a joint information system (JIS).

Information Sharing

This capability is the ability to conduct a multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among. This includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, tribal levels of government, and the private sector in preparation for, and in response to, events or incidents of public health significance. During public health emergencies, epidemiology staff will continue to use their standard protocols to upload data from the state's MEDSIS to CDC's Secure Access Management Services (SAMS) portal using the National Electronic Telecommunications System for Surveillance (NETSS) file format. Procedures for this electronic information sharing are documented in the *ADHS CDC NETSS Upload Protocol*. Epidemiology staff will make all reasonable attempts to meet CDC requests for sending additional, situation-specific data, which may be via line-lists, a separate SAMS application, or other mechanisms.

Surge Management

This domain includes four key capabilities associated with a mass casualty event or other catastrophic disaster with a significant number of casualties and/or evacuees. Surge management encompasses fatality management, mass care (sheltering), medical surge within the healthcare system, and volunteer management.

Fatality Management

Multiple ADHS programs and plans will come together to support fatality management operations. The *ADHS Mass Fatality Management Plan* will be activated during a disaster response that exceeds the day-to-day capabilities of county medical examiners and/or the decedent care industry. The Office of Vital Records may expand operations to handle a surge

in death certificates. These procedures are covered in the *ADHS Office of Vital Records Crisis Management Plan*. Additionally ADHS preparedness staff and state-level behavioral health staff could be called upon to support family assistance operations.

Mass Care

This capability is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. See the ESF 6 (Mass Care) portion of the SERRP for more information on ADHS roles and responsibilities during a response requiring evacuation and sheltering.

Medical Surge

Medical Surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover compromised operations. Alternate care sites (ACS) may also be needed to alleviate medical surge. The ADHS Alternate Care Site Plan provides considerations for establishing temporary healthcare access points. During a catastrophic response, additional guidelines may be needed to address the overwhelming number of patients. See the ADHS Crisis Standards of Care Plan for additional considerations, indicators, and tactics for medical surge management, including conventional, contingency, and crisis standards of care.

As with medical care, the demand for behavioral health services will increase during a disaster. Regular behavioral healthcare, including treatment for SMI populations, and those with substance dependence, may be disrupted. Additional demand for behavioral health services (i.e., new cases) will also arise from the disaster. These additional services may include grief counselling for disaster casualties and their families, as well as psychological first aid for first responders and other community members.

Volunteer Management

This capability comprises the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional response to incidents of public health significance. Key functions include coordination of volunteers; notification of volunteers; organization, assembly, and dispatch of volunteers; and demobilization. See the *ADHS Volunteer Coordination Plan* for additional information on volunteer management.

Organization and Assignment of Responsibilities

A variety of PHIMS chart positions are detailed in the HEOC SOP, along with job action sheets. Many of the public health support annexes and hazard-specific annexes contain additional job action sheets and job supplement sheets to provide specific guidance based on function or hazard. The positions listed below provide an overview of some of the roles and responsibilities for HEOC staff.

Agency Administrator

- Oversees all PHIMS activities
- Makes final policy decisions

HEOC Manager

- Oversees HEOC staff including the Section Chiefs
- Implements the IAP/ICP
- Authorizes resources as needed by the Command Staff
- Authorized demobilization and conducts the hot wash debriefing
- Completes the After Action Report/Improvement Plan

Public Information Officer

- Develops material for use in media briefings
- Obtains Incident Manager's approval of media releases
- Informs media and conducts media briefings

SEOC Liaison Officer

- Assists in establishing and coordinating interagency contacts
- Keeps agencies supporting the incident aware of the incident status
- Assigned to the SEOC

Safety Officer

- Identifies hazards associated with the response, assesses risk, and reports to the HEOC Manager
- Communicates instances of injury, illness, or exposure to the Incident Manager
- Reviews the IAP/ICP for safety implications

State Epidemiology Officer

- Provides medical/clinical information as needed
- Serves as the media spokesperson, when appropriate

Operations Chief

- Distribution of resources to counties
- Conducts human and or animal case surveillance
- Characterizes a disease outbreak
- Disseminates data internally and to stakeholders
- Handles public, media, and healthcare provider inquiries
- Develops public messages and oversees risk communication
- Makes regular updates to local and tribal health departments and tribal jurisdictions
- Communication and resource tracking with hospitals, urgent care centers, and other facilities
- Provides behavioral health services to responding ADHS staff

Planning Chief

- Development and maintenance of IAP/ICP
- Completion of PHIMS briefs into situation reports

- Writing of Governor's reports as necessary
- Maintenance of the Incident Action Log if HEOC is activated
- Development of the emergency response plan for incident

Logistics Chief

- Oversees the obtainment of goods and services such as:
 - Facilities
 - Communication equipment and systems
 - Personnel (above and beyond routine need)

Finance and Administration Chief

- Oversees procurement of items
- Maintenance of contracts
- Evaluation of overtime

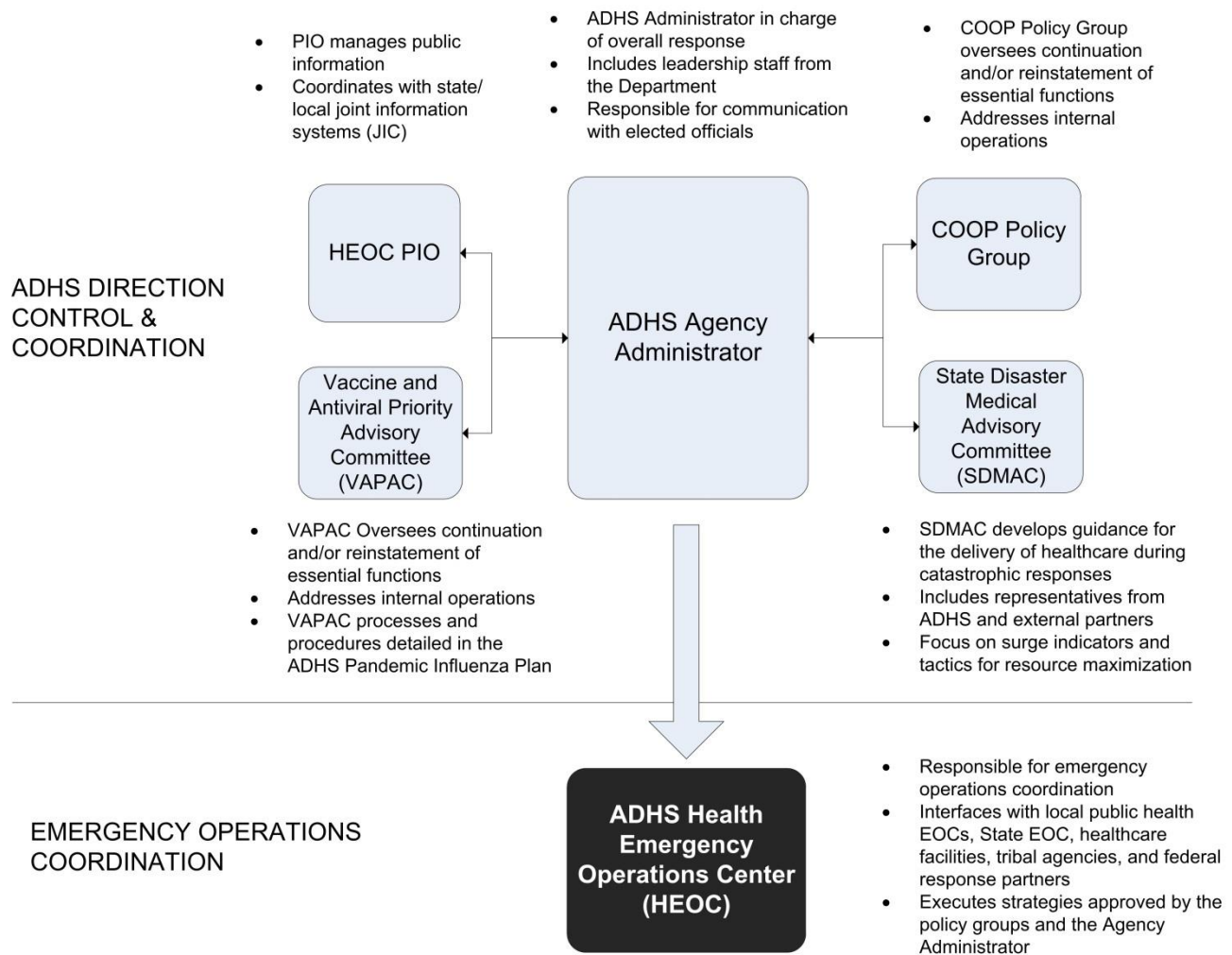
Direction, Control, and Coordination

During ERP activation, the ADHS Director will assign an HEOC Manager to coordinate emergency response activities and oversee HEOC command staff, i.e., Finance, Logistics, Operations, and Planning Section Chiefs. The command staff and the HEOC Manager will work together to keep the ADHS Director and policy advisors well informed. *See Appendix C for the HEOC organizational chart, also known as the Public Health Incident Management System (PHIMS) chart.* The HEOC manager will also coordinate with the SEOC Health and Medical Services Coordinator (staffed by ADHS staff personnel), local health departments, tribal partners, and other local, state, tribal, and federal agencies.

Within the HEOC structure, various policy groups will convene to advise the ADHS Director. The HEOC PIO staff will address public information and both internal and external communications. The COOP Policy Group will work with the ADHS Director to continue or reinstate essential functions. The Vaccine and Antiviral Priority Advisory Committee (VAPAC) will be convened to develop policy for the allocation of scarce medical countermeasures.

During a catastrophic disaster impacting the statewide healthcare system, the Arizona Crisis Standards of Care (CSC) Plan will guide the public health and medical response. Health policy experts and partners from healthcare, public health, emergency management, legal staff, and other disciplines will form the State Disaster Medical Advisory Committee (SDMAC). This committee will work with the ADHS Director to develop guidance for healthcare organizations and providers to maximize healthcare resources and promote a compassionate and comprehensive response across the state. The relationship between these policy groups is described in Figure 3 below.

Figure 3: ADHS Direction Control and Coordination for Emergency Response



The HEOC Manager will execute the strategies approved by the ADHS Director and the above-mentioned policy groups to manage the Operations, Planning, Logistics, and Finance/Administration Sections. In addition, this individual will develop the HEOC Incident Action Plan (IAP) or Incident Coordination Plan (ICP) in conjunction with the Planning Section. The IAP is utilized when ADHS has primary role in the response (e.g. pandemic influenza, Ebola), while an ICP is utilized when ADHS has a supporting role in a response (e.g. a wildfire response). The IAP/ICP includes the objectives and strategies to manage the public health and medical response. *Refer to the Information Collection, Analysis, and Dissemination section of this plan for more information on the IAP/ICP.*

The PHIMS structure, (see chart in Appendix C) can expand and contract depending upon the severity and nature of the incident. ADHS personnel from various programs and disciplines will staff the Operations section as needed. Staff for the Operations, Planning, Logistics, and Finance/Administration Sections are identified and routinely used to support exercises and public health responses. The HEOC Manager will be supported by a Command Staff

represented by the State Epidemiologist, Public Information Officer, Liaison Officer, Safety Officer and the Section Chiefs.

General Staff are assigned to the Operations, Planning, Logistics or Finance/Administration Section. These responsibilities remain with the Incident Manager until they are assigned to another individual. When the Operations, Planning, Logistics or Finance/Administration responsibilities are established as separate functions under the Incident Manager, they are managed by a section chief and can be supported by other functional units called Branch Managers, Group Supervisors and Unit Leads. The Unit Leads report to their Group Supervisor and the Group Supervisors report to their Branch Manager or directly to their Section Chief.

The Operations Section is responsible for carrying out the response activities described in the IAP/ICP. The Operations Section Chief coordinates the Operations Section activities and has primary responsibility for receiving and implementing the IAP/ICP. The Operations Section Chief reports to the Incident Manager and determines the required resources and organizational structure within the Operations Section.

The Planning Section is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. In responses where ADHS is the lead response agency, the Planning Section is responsible for creating the IAP and in responses where ADHS is an extension of the SEOC, the SEOC Health and Medical Branch Director creates an ICP to document incident support roles. The IAP/ICP defines the response activities and resource utilizations for a specified time period. The Planning staff will also compile and release regular situation reports during the incident.

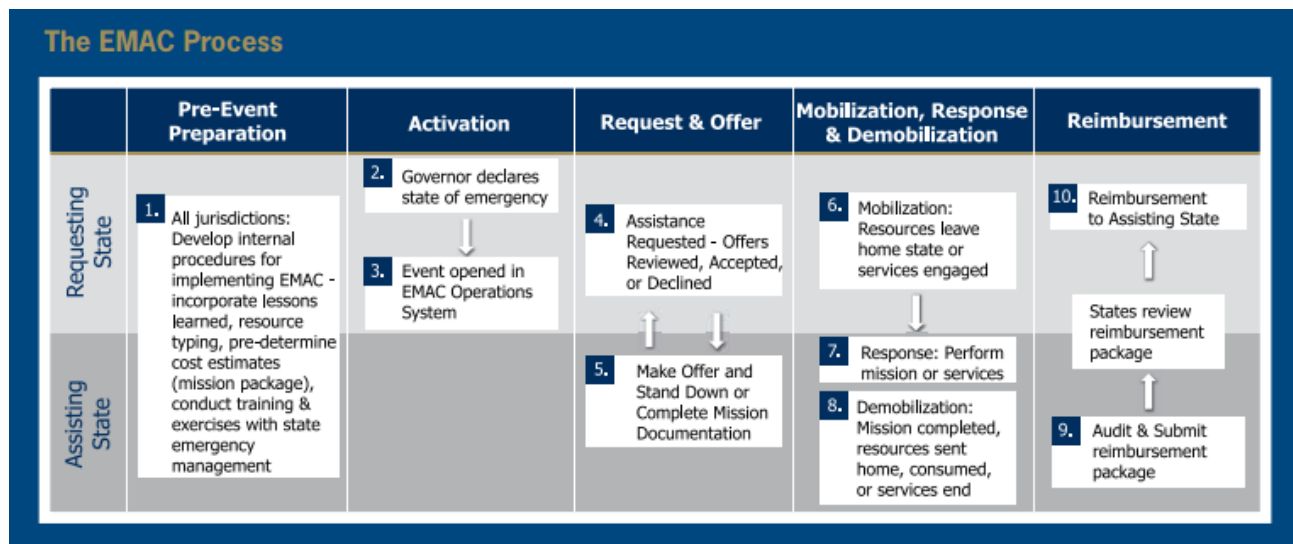
The Logistics Section is responsible for primary and alternate HEOC facility set up, communications, personnel, and materials for the incident response. See the Communications section of this Plan for more information on available communication systems and platforms.

The Finance and Administration Staff is responsible for all financial, administrative and cost analysis aspects of the incident. Finance staff may facilitate emergency purchasing, and will ensure proper cost reimbursement forms for resources, supplies, and staff time are available and utilized by staff.

Emergency Management Assistance Compact (EMAC)

The Emergency Management Assistance Compact (EMAC) offers assistance during governor-declared states of emergency through a responsive, straightforward system that allows states to send personnel, equipment, and commodities to help disaster relief efforts in other states. Through EMAC states can also transfer services, such as shipping newborn blood from a disaster-impacted lab to a lab in another state. ADHS and the HEOC Manager will coordinate with the SEOC, via the SEOC Health and Medical Branch Director, for any resource requests that require the use of EMAC. Figure 4 below illustrates the life cycle of an EMAC request.

Figure 4: The EMAC Process



Information Collection, Analysis, and Dissemination

Information will be collected, analyzed, and disseminated throughout the HEOC and to external partners. The Planning Section is primarily responsible for information collection, subject matter experts across the HEOC will perform information analysis, and the Logistics Section and the joint information system (JIS) is responsible for information dissemination. In keeping with ICS guidelines, a number of standard reports, meetings, and systems are used to manage information. These include the incident action plan, situation reports, command staff meetings, and joint information systems.

Incident Action Plan (IAP)/ Incident Coordination Plan (ICP)

The IAP and ICP are developed by the Incident Manager in conjunction with the Planning Chief. The IAP/ICP covers the incident's primary goal and objectives and subsequent actions that are assigned to specific staff members. The IAP/ICP is an active document and can change throughout the course of a response. The Planning section maintains the plan and incorporates changes from the Incident Manager as needed. An IAP/ICP template and supporting documents can be found in HSP Responses Center Library.

PHIMS Situation Report

The PHIMS Situation Report is completed by gathering information (maintained in WebEOC) from the Command Staff members to the Situation Report Unit Lead. This report is issued on a frequent basis (daily, weekly, bi-weekly, etc.) as determined by the Incident Manager. It is compiled by the Situation Report Unit Lead (or their designee) and reviewed by the Planning Chief. The Planning Chief then distributes the Situation Report to the Incident Manager, command staff and general PHIMS staff by a designated daily. A Situation Report template is found in the HSP Response Center Library.

Command Staff Meetings

The Command Staff and Section Chiefs meet regularly during the incident to share information and resolve issues outlined in the situation reports. Section chiefs will be responsible for communicating key information downstream to their section branch directors and other HEOC staff.

Public Information and Joint Information Systems

During a response, ADHS will be working with partner agencies to coordinate a joint information system (JIS), either virtual or in person. The JIS will work closely with the ADHS Public Information Officer (PIO) to develop public messaging related to the health and medical components of the response. This information may include protective actions, health alerts, frequently asked questions, public service announcements, and other health related information. Additionally, the information gathering and media monitoring functions of the JIS will be very important for all response partners, including public health and medical responders. Information from the media and the general public (including online sources) will help HEOC personnel and public information officers tailor messaging and response strategies to address hot-topic issues in a timely manner. See the *ADHS CERC Plan* for additional information on public information and messaging.

Communications

Health Services Portal (HSP): <https://my.health.azdhs.gov>

The Arizona Department of Health Services has developed the Health Services Portal (HSP), an Internet-based portal application designed to provide secured document sharing and management, redundant email communications, and a system for sharing response and planning information. The HSP system was developed as a partnership with local and tribal health departments to address public health preparedness needs. The system is built upon an infrastructure that can support other public health preparedness needs, including electronic disease reporting and electronic lab reporting.

HSP System Features:

- Secure document sharing and management
- Redundant secure email
- Information sharing

HSP Email is a secure and effective way to ensure communications are received even if the office email is unavailable. The HSP Email is a secondary way to not only receive alerts, but also communicate information to other HSP users, as well as external partners.

The SharePoint portal service on HSP allows for a separate mechanism for sharing information, such as response plans, equipment manuals, resource lists, and medical management guidelines. All portal information is categorized and searchable for rapid research and availability. The portals can also provide news, news links, event calendars, as well as announcements.

Finally, the HSP system infrastructure hosts Medical Electronic Disease Surveillance Intelligence System (MEDSIS). The HSP system represents a single access point for state-wide public health disease surveillance, response, alerting information and communications.

Intermedix®- EMResource™ <https://emresource.emsystem.com/>

The EMResource™ (hospital EMS diversion computer system) is used on a daily basis by hospitals and first responders to communicate capacity levels and help recognize when patient diversion is an optimal choice. The Department is able to notify hospital emergency departments statewide and local and tribal health departments of outbreak alerts and other messages. The system enables hospital facilities to update their available bed status and to also respond to other inquiries. The type of events that engage the EMResource™ are incidents involving mass casualty, burn, explosion, chemical, radiation, trauma, biological, law enforcement action, evacuation, natural disaster, National Disaster Medical System (federally requested bed polls) and amber alerts. The hospitals and the county & tribal health departments do not have the capability to send out alerts unless passed on to the control centers, which are Phoenix Fire, Mesa Fire, and Tucson public service answering points (PSAPs), as well as ADHS BPHEP.

Arizona Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

The ESAR-VHP project is designed to address the utilization of health care volunteers for adequately filling positions across the range of public health tasks required during an incident response, and in augmenting hospital and other medical facilities to meet crisis and surge capacity needs. This system currently performs the following functions:

- Register professional health care volunteers.
- Apply industry/association credentialing and licensing standards to registered volunteers.
- Allows for the rapid verification of the identity, credentials, and qualifications of registered volunteers during an emergency.

Redundant Communication Methods

Cell phones, landline phones, and radios will be the primary means of communication between any field operations (i.e. receiving, shipping, and storing (RSS) sites, dispensing sites, etc.), the HEOC, and SEOC. The Department is also in the process of developing a statewide amateur radio communication plan with DEMA and Maricopa County Emergency Management. This systems and equipment will provide a means of communicating with remote areas that may not be otherwise accessible. In the event of a loss of power or communications, ADHS retains redundant satellite internet connectivity options as well as go-kit computer workstations.

Arizona Emergency Information Network (AzEIN) <https://ein.az.gov/>

The AzEIN on-line system (<https://ein.az.gov/>) is an internet-based source of public information. AzEIN combines information from a wide variety of health and human service providers through a single information network that can easily be accessed by caseworkers and the public at large. In addition, Arizona citizens can access disaster response and

homeland security information through the Emergency Bulletin System (EBS) of the AzEIN system, including assistance locating disaster relief organizations and services and obtaining accurate updates regarding threats and disasters.

The Arizona Health Alert Network (AzHAN) <https://han.health.azdhs.gov/index.php>

The Arizona Health Alert Network was developed as part of the effort to enhance the public health response capabilities for the State of Arizona. This Program was created to address the communications needs associated with both public health response and daily operational sharing of information for planning and disease surveillance. The AzHAN was designed around 6 major objectives.

- Redundant Communications
 - Developing systems that add redundancy as well as daily use, without duplication of existing response systems
- Integrated Development
 - No stand-alone systems; all development is integrated within public health and with other response partners
- Secure Communications
 - Recognizing the need for secure communications within the public health community
- Outreach
 - Recognizing and aiding communications with public audiences for response efforts and risk communication
- Collaboration
 - Facilitating statewide collaboration for public health preparedness in areas of planning and information sharing
- Response Needs
 - Prepare for varied levels of scaled public health response with the development of tracking systems and alternative communication mechanisms

ADHS 24-Hour Information Line

A 24-hour menu driven information line exists for the Department and it is overseen by the Arizona Department of Administration (ADOA). Information messages are available in English and Spanish. It is possible to track the number of callers who called, number of callers that selected English, number of callers that selected Spanish, and the number of callers who hung up. It is also possible to determine the number of callers for each available message. The dedicated phone lines are: (602) 364-4500 or (800) 314-9243.

WebEOC™

This system will be used to establish and maintain situational awareness between the SEOC and the HEOC during operations. Situation reports, incident action plans, weather data, emergency declarations, and other key events will be posted on the web-based platform. This electronic system will reduce reliance on email and other forms of communication and help reduce redundant information.

Administration, Finance, and Logistics

ADHS staff from operations, information technology, human resources, finance, and accounting will be called upon to assist with emergency operations. Participation from these groups will occur within the HEOC Finance Section and within the COOP Policy Group (see PHIMS Chart for more information). Specific roles identified in the Finance Section include the Finance Section Chief, the Procurement Branch Director, Services/Contracts Supervisor, Cost Reimbursement Supervisor, and Overtime Coordination Supervisor.

Finance and administration will be instrumental during the resource request process. Following traditional emergency management and response practices, all incidents begin at the local level. Local governments may request technical assistance from the state. Finance and administrative staff will be needed to track costs associated with technical assistance, including any staff deployments to local or tribal health departments.

Finance and administrative staff will also be involved in tracking and cost reimbursement associated with deploying medical countermeasures or other medical materiel allocated to local or tribal health departments. See the ADHS Strategic National Stockpile Plan for more information on the resource request process. Medical countermeasures and materiel may originate from different federal and state agency programs and funding streams. These assets may have varying specifics regarding federal request processes, administrative and fiduciary policies, and legal limitations.

Plan Development and Maintenance

Review and maintenance of this plan will be done on a yearly basis, headed by the ADHS Bureau of Public Health Emergency Preparedness (PHEP) with input from internal and external subject matter experts. Information gathered through real-life responses, training events, and exercises will be used to update the plan. Following the Homeland Security Exercise and Evaluation Program (HSEEP) guidance, corrective actions and recommendations from after action reports (AARs) and improvement plans (IPs) will form the foundation of plan maintenance and further development to ensure continuous process improvement.

Revisions will be produced and reviewed by ADHS executive staff. This Plan will be housed in the ADHS PHEP offices and posted to HSP, WebEOC, and to the public facing ADHS webpage to allow for electronic access. The Plan will be shared with local and tribal health and emergency management partners to promote alignment between jurisdictional and state-level emergency response planning. Furthermore, this plan will be open to public review on the ADHS public website with the ability for comment through a web-based survey.

Authorities and References

The summary is intended as a basic reference guide – for a comprehensive listing of Arizona Revised Statutes visit the Arizona State Legislature website

<http://www.azleg.gov/ArizonaRevisedStatutes.asp>

Under **ARS § 26-303**, the Governor:

- During a State of Emergency, shall have complete authority over all state agencies and the right to exercise all police power vested in the state by the constitution and the laws of the state; and may direct all state agencies to utilize and employ state personnel, equipment and facilities for the performance of activities designed to prevent or alleviate damage due to the emergency
- During a State of War Emergency, shall have all authorities as with a State of Emergency; may suspend the provisions of any statute prescribing the procedure for the conduct of state business if the governor determines strict compliance with provisions of any statute would hinder mitigation of the effects of the emergency; may commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities of the governor and thereafter the state shall pay reasonable compensation
- May confer to the Adjutant General the powers of the Governor prescribed under a State of Emergency

Statutes/Laws

Enhanced Surveillance Advisory

Under **ARS § 36-782**, the Governor, in consultation with the Director of ADHS, may issue an enhanced surveillance advisory if the Governor has reasonable cause to believe that an illness, health condition or clinical syndrome caused by bioterrorism, epidemic or pandemic disease or a highly fatal and highly infectious agent or biological toxin has or may occur or that there is a public event that could reasonably be the object of a bioterrorism event. The illness or health condition may not include acquired immune deficiency syndrome or any other infection caused by the human immunodeficiency virus.

Professional Licensing & Credentialing

Under **ARS § 36-628**, county health departments may employ physicians and other persons and provide such necessities of life as they deem necessary for care of persons afflicted with contagious or infectious diseases. If a physician is called by a county health department to examine a person with a contagious or infectious disease, expense incurred shall be the responsibility of the county.

Under **ARS § 26-310**, During a state of war emergency or a state of emergency, any person holding any license, certificate or other permit issued by any state evidencing the meeting of the qualifications of such state for professional, mechanical or other skills may render aid involving such skill to meet the emergency as fully as if such license, certificate or other permit had been issued in this state, if any substantially similar license, certificate or other permit is issued in this state to applicants possessing the same professional, mechanical or other skills.

ARS § 36-787 (A) (6), Establishing in conjunction with applicable professional licensing boards, a process for temporary waiver of the professional licensure requirements necessary for the implementation of any measures required to adequately address the state of emergency or state of war emergency.

ARS § 36-787 (A) (7), Granting temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the state of emergency or state of war emergency.

Isolation and Quarantine

ARS § 36-136 provides for the director of the Department of Health Services by rule, establish minimum periods of, and the procedures and measures to, institute isolation or quarantine, allowing for quarantine implementation prior to the completion of a hearing if clear evidence exists that a person poses a substantial danger to another person in the community.

ARS § 36-624 provides that if a county health department identifies the presence of an infectious or contagious disease, the department may adopt quarantine and sanitary measures consistent with the Department rules adopted pursuant to ARS § 36-136 to prevent the spread of the disease.

ARS § 36-627: allows the county health department to provide temporary hospitals or places of reception for persons with infectious or contagious diseases. Hospitals or other places in which infectious or contagious diseases exist shall be under the control and subject to regulations of the county health department while such disease exists. During such hospital control, inmates shall obey the regulations and instructions of the county health department.

ARS § 36-787 Section A. During a state of emergency or state of war emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the department shall coordinate all matters pertaining to the public health emergency response of the state. The department has primary jurisdiction, responsibility and authority.

During a state of emergency or state of war emergency as defined by **ARS § 36-787**, under **ARS §36-790**, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

ARS § 36-787 Section B. In addition to the authority provided in subsection A of this section, during a state of emergency or state of war emergency, the governor, in consultation with the director of the department of health services, may issue orders that:

- Mandate medical examinations for exposed persons
- Ration medicine and vaccines
- Provide for transportation of medical support personnel and ill and exposed persons
- Provide for procurement of medicines and vaccines

ARS § 36-787 Section G. At the governor's direction, the department may use reasonable efforts to assist the persons and institutions affected by the state of emergency or state of war emergency declared pursuant to this section in seeking reimbursement of costs incurred

as a result of providing services related to the implementation of isolation and quarantine under this article to the extent these services are not otherwise subject to reimbursement.

ARS § 36-788 states that during a state of emergency or state of war emergency as defined in ARS § 36-787, that the Department of Health Services or local health authority must initiate an investigation if that agency has reasonable causes to believe that a highly contagious and fatal disease exists within its jurisdiction. Persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventative measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission.

Under **ARS 26-311**, if a mayor or chairman of the board of supervisors declares a local emergency, said mayor or chairman shall impose all necessary regulations to preserve the peace and order within the respective political subdivision, including but not limited to:

- Imposition of curfews in all or portions of the political subdivision
- Ordering the closing of any business
- Restricting public access to any public building, street, or other public places

USC – Title 42-264 provides the U.S. Surgeon General who may be the authority to apprehend and examine any individual(s) reasonably infected with a communicable disease for purposes of preventing the introduction or transmission of such communicable disease when and only when:

- If the person(s) is moving or about to move from State to State
- If the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be absolutely necessary

Good Samaritan Law - Health care Provider and any other Person; Emergency Aid; Non-liability

Under **ARS § 32-1471** any health care provider licensed or certified to practice as such in this state or elsewhere, or a licensed ambulance attendant, driver or pilot as defined in section 41-1831, or any other person who renders emergency care at a public gathering or at the scene of an emergency occurrence gratuitously and in good faith shall not be liable for any civil or other damages as the result of any act or omission by such person rendering the emergency care, or as the result of any act or failure to act to provide or arrange for further medical treatment or care for the injured persons, unless such person, while rendering such emergency care, is guilty of gross negligence.

Limited Liability for Emergency Health Care at Amateur Athletic Events

ARS § 32-1472 A health care provider licensed or certified pursuant to title 32 who agrees with any person or school to voluntarily attend an amateur athletic practice, contest or other event to be available to render emergency health care within the provider's authorized scope of practice and without compensation to an athlete injured during such event is not liable for any civil or other damages as the result of any act or omission by the provider rendering the emergency care, or as the result of any act or failure to act to provide or arrange for

further medical treatment or care for the injured athlete, if the provider acts in good faith without gross negligence.

ARS § 32-1473 Limited Liability for Treatment Related to Delivery of Infants; Physicians; Hospitals; Exception; Definition

A. Unless the elements of proof contained in section 12-563 are established by clear and convincing evidence, a physician licensed to practice pursuant to this chapter or chapter 17 of this title is not liable to the pregnant female patient, the child or children delivered, or their families for medical malpractice related to labor or delivery rendered on an emergency basis if the patient was not previously treated for the pregnancy by the physician, by a physician in a group practice with the physician or by a physician, physician assistant or nurse midwife with whom the physician has an agreement to attend the labor and delivery of the patient.

B. Unless the elements of proof contained in section 12-563 are established regarding the acts or omissions of a licensed health care facility or its employees in cases covered by the provisions of subsection A of this section by clear and convincing evidence, the health care facility is not liable to the female patient, the child or children delivered or their families for medical malpractice related to labor or delivery.

C. This section does not apply to treatment rendered in connection with labor and delivery if the patient has been seen regularly by or under the direction of a licensed health care provider or a licensed physician from whom the patient's medical information is reasonably available to the physicians attending the patient during labor and delivery.

D. For the purpose of this section, "emergency" means when labor has begun or a condition exists requiring the delivery of the child or children.

Non-liability

Under **ARS § 26-314**, the Department, or any other state agency, will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by an emergency worker, engaging in emergency management activities or performing emergency functions. This state and its departments, agencies, boards and commissions and all other political subdivisions that supervise or control emergency workers engaging in emergency activities or emergency functions are responsible for providing for liability coverage, including legal defense, of an emergency worker if necessary. Coverage provided if the emergency worker is acting within the course and scope of assigned duties and is engaged in an authorized activity, except for actions of willful misconduct, gross negligence or bad faith.

During a state of emergency or state of war emergency as defined by **ARS § 36-787**, under **ARS § 36-790**, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

Stafford Act Immunity from liability provision (**42 U.S.C. 5148**), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act (**28 U.S.C. 2671**), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

Volunteer Non-liability

ARS § 23-901.06, In addition to persons defined as employed under section 23-901, volunteer workers of a county, city, town, or other political subdivision of the State may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

ARS § 26-301, 26-303 and 26-314 Volunteers duly enrolled or registered with the Division of Emergency Management or any political subdivision, in a local emergency, a state of emergency, or a war emergency, or unregistered persons placed into service during a state of war emergency, in carrying out, complying with, or attempting to comply with any order or rule issued pursuant to the provisions of this chapter or any local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties, shall have the same degree of responsibility for their actions, and enjoy the same immunities and disability workers' compensation benefits as officers and employees of the State and its political subdivisions performing similar work.

CFR Title 42, Chapter 139, Section 14503 (Public Law limiting liability of volunteers)

No volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:

- the volunteer was acting within the scope of the volunteers responsibilities in the nonprofit organization or government entity at the time of the act or omission
- if appropriate or required, the volunteer was properly licensed, certified or authorized by the authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the organization or entity
- the harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer
- the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance

Stafford Act Immunity from liability provision (**42 U.S.C. 5148**), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act (28 U.S.C. 2671), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

Non-Emergency - Immunity Insurance Coverage

ARS §12-982. Qualified immunity; insurance coverage

- A. A volunteer is immune from civil liability in any action based on an act or omission of a volunteer resulting in damage or injury if:
 - 1. The volunteer acted in good faith and within the scope of the volunteer's official functions and duties for a nonprofit corporation or nonprofit organization, hospital or governmental entity.
 - 2. The damage or injury was not caused by willful, wanton or grossly negligent misconduct by the volunteer.
- B. Notwithstanding subsection A of this section, in any suit against a nonprofit corporation or nonprofit organization, hospital or governmental entity for civil damages based on the negligent act or omission of a volunteer, proof that the act or omission was within the scope of the volunteer's official functions and duties is sufficient to establish the vicarious liability, if any, of the organization.
- C. A motor vehicle liability policy, as defined in section 28-4001, which provides coverage to the operator of a motor vehicle is subject to the following provisions which need not be contained in the policy. The liability of the insurance carrier with respect to the insured and any other person using the vehicle with the express or implied permission of the insured shall extend to provide excess coverage for a nonprofit corporation or nonprofit organization for the acts of the operator in operating a motor vehicle at all times when the operator is acting as a volunteer for that nonprofit corporation or nonprofit organization.

Appendix A: Definition & Acronym List

AAR	After Action Report
ACS	Alternate Care Sites
ADHS	Arizona Department of Health Services
AFN	Access and Functional Needs
ALHOA	Arizona Local Health Officers Association
ALPHERA	Arizona Local Public Health Emergency Response Association
ASPHL	Arizona State Public Health Laboratory
AzEIN	Arizona Emergency Information Network
AzHAN	Arizona Health Alert Network
AzTEC	Arizona Tribal Executive Committee
BPHEP	Bureau of Public Health Emergency Preparedness
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication
COOP	Continuity of Operations
CSC	Crisis Standards of Care
DEMA	(Arizona) Department of Emergency and Military Affairs
EDC	Bureau of Epidemiology and Disease Control
ERP	Emergency Response Plan
ESAR-VHP	Emergency System for Advance Registry of Volunteer Health Professionals
ESF	Emergency Support Function
HAI	Hospital Acquired Infection

HEOC	Health Emergency Operations Center
HHS	(US) Health and Human Services
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICP	Incident Coordination Plan
ICS	Incident Command System
IP	Improvement Plan
JIS	Joint Information System
LEP	Limited English Proficiency
LRN	Laboratory Response Network
MACC	Multi-Agency Coordination Center
MEDSIS	Medical Electronic Disease Surveillance and Intelligence System
MERS	Middle Eastern Respiratory Syndrome
MOU	Memorandum of Understanding
NETSS	National Electronic Telecommunications System for Surveillance
NIMS	National Incident Management System
NPI	Non-Pharmaceutical Intervention
PHEP	Public Health Emergency Preparedness
PHIMS	Public Health Incident Management System
PIO	Public Information Officer
POD	Point of Dispensing
PSAP	Public Service Answering Point
RITN	Radiological Injury Treatment Network

RSS	Receiving, Shipping, and Storing
SAMS	Secure Access Management Services
SDMAC	State Disaster Medical Advisory Committee
SEOC	State Emergency Operations Center
SERRP	(Arizona) State Emergency Response and Recovery Plan
SMI	Seriously Mentally Ill
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
VAPAC	Vaccine and Antiviral Priority Advisory Committee

Appendix A: ADHS Plan Annexes

As of May 2015

Public Health Support (PHS)

Operations/Recovery (PHS 1)

- PHS 1.1 ADHS Emergency Response Plan
- PHS 1.2 ADHS Health Emergency Operations Center (HEOC) Standard Operating Guide (SOG)
- PHS 1.3 ADHS Crisis Emergency Risk Communication (CERC) Plan
- PHS 1.4 ADHS Office of Vital Records Crisis Management Plan
- PHS 1.5 ADHS Continuity of Operations Plan (COOP)
- PHS 1.6 ADHS Recovery Plan (PENDING)
- PHS 1.7 Arizona Department of Economic Security – State of Arizona Repatriation Plan

Resource Support (PHS 2)

- PHS 2.1 ADHS Strategic National Stockpile (SNS) Plan
- PHS 2.2 ADHS Receiving, Staging, Storing (RSS) Plan
- PHS 2.3 ADHS Public Health Volunteer Coordination Plan
- PHS 2.4 ADHS Antiviral Medication Distribution Plan
- PHS 2.5 ADHS Influenza Vaccine Shortage Plan
- PHS 2.6 ADHS CHEMPACK Plan

Displacement/Surge (PHS 3)

- PHS 3.1 ADHS Public Health Response to a Mass Fatality Incident Plan
- PHS 3.2 ADHS Alternate Care Site (ACS) Plan
- PHS 3.3 Arizona Crisis Standards of Care (CSC) Plan
- PHS 3.4 ADHS HEOC Relocation Plan

Incident Annex (IA)

Natural/Infrastructure (IA 1)

- IA 1.1 ADHS Wildfire Response Plan
- IA 1.2 ADHS Heat Emergency Response Plan
- IA 1.3 ADHS Flooding Response Plan

- IA 1.4 ADHS Power Outage Response Plan
- IA 1.5 ADHS Food/Water Tampering Incident Plan

Infectious Disease (IA 2)

- IA 2.1 ADHS Pandemic Influenza Plan
- IA 2.2 ADHS Community Containment (Non Pharm) Plan
- IA 2.3 PHX Sky Harbor Intl' Airport - Communicable Disease Response Plan (CDRP)
- IA 2.4 ADHS West Nile (Arboviral) Plan
- IA 2.5 ADHS Ebola Virus Disease (EVD) and Infectious Disease Plan (Pending)

Human Caused/CBRNE (IA #3)

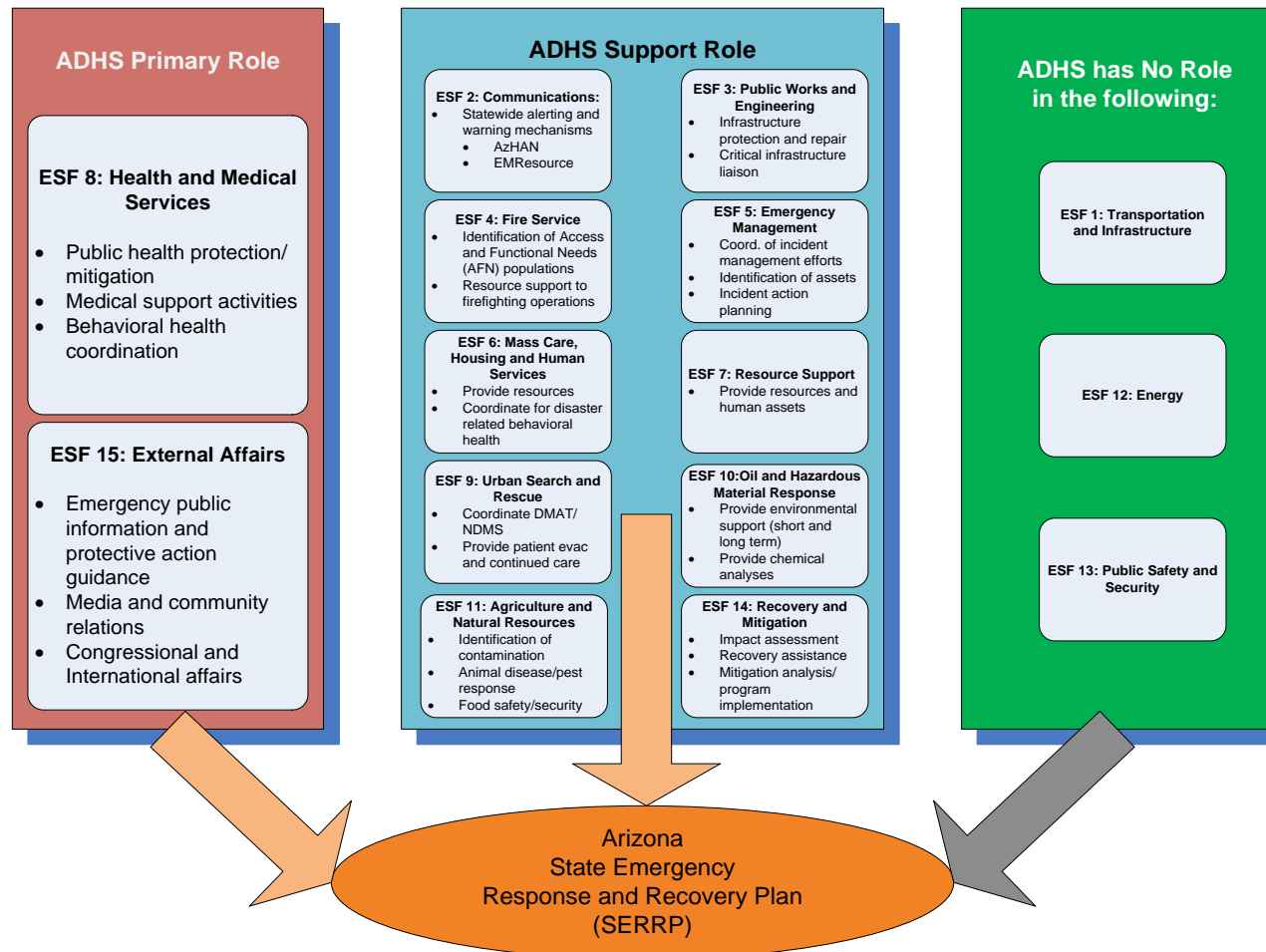
IA 3B Biological

- IA 3B.1 ADHS public Health Response for Bioterrorism Plan
- IA 3B.1.1 ADHS Biowatch Consequence Management Plan (Appendix D of HA 3B.1)
- IA 3B.2 ADHS Bioterrorism Operational Plan for Arizona State Laboratory (ASL)
- IA 3B.3 ADHS Suspicious Substance Protocol Standard Operating Guide (SOG)
- IA 3B.4 ADHS Biohazards Detections Systems (BDS) Emergency Response Plan

IA 3R Radiological

- IA 3R.1 ADHS Nuclear/Radiological Incident Emergency Response Plan
- IA 3R.2 ADHS Palo Verde Nuclear Generating Station Plume Exposure and Ingestion Pathway

Appendix B: ADHS Roles and Responsibilities in SERRP



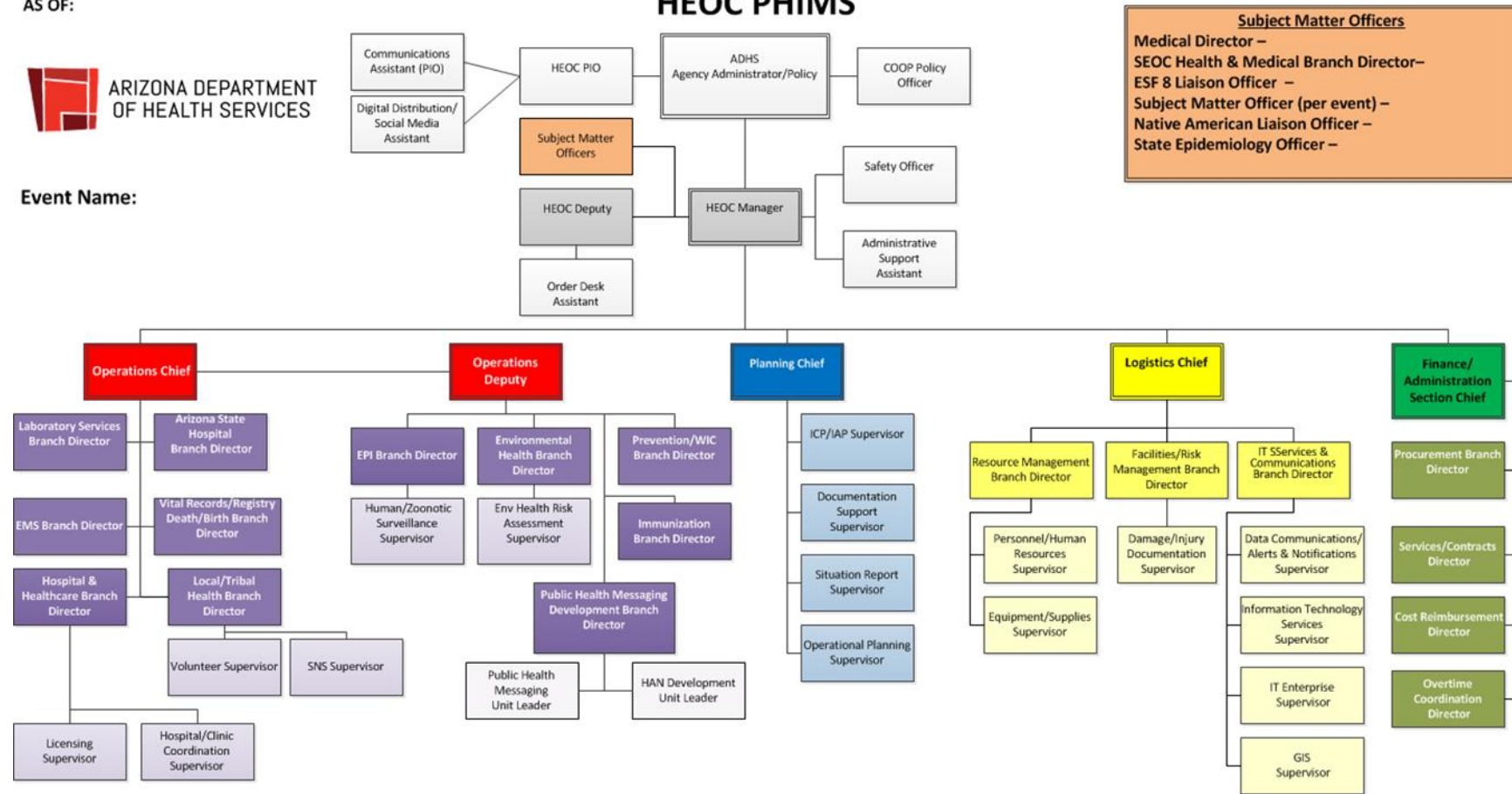
Appendix C: PHIMS Template

AS OF:



Event Name:

HEOC PHIMS



Revised: 06/2016

Appendix D: References

1. Federal
 - a. National Incident Management System – FEMA
 - b. National Response Framework – FEMA
 - c. Comprehensive Planning Guide 101 - FEMA
 - d. Public Health Preparedness Capabilities: National Standards for State and Local Planning – CDC
 - e. Hospital Preparedness Program (HPP) Cooperative Agreement – ASPR
2. State
 - a. Arizona State Emergency Response and Recovery Plan – DEMA

HEOC Reference Materials

1. United States Department of Health and Human Services (HHS) - emPower GIS map.
 - a. State to Zip Code map displaying amount of Medicare beneficiaries and individuals dependent on Durable Medical Equipment (DME).
 - b. <http://www.phe.gov/empowermap/Pages/default.aspx>
2. EMAC
 - a. http://www.emacweb.org/index.php/mutualaidresources/emac-library/44/69-emac_for_medical_and_public_health.pdf/file
3. Arizona Department of Health Services - Licensed Facilities Interactive GIS map.
 - a. Shows street level view of all ADHS licensed facilities and gives key facility information.
 - b. <http://adhsgis.maps.arcgis.com/apps/OnePane/basicviewer/index.html?appid=69011dc3a5424be1b3c64a2bb4500a90>
4. National Wildfire Coordinating Group – inciWeb Incident Information System
 - a. Provides GIS mapping with frequently updated information on wild land fires
 - b. <http://inciweb.nwcg.gov/>
5. State of Arizona Personnel Directory
 - a. ADOA listing of all State of Arizona personnel including email and phone numbers
 - b. <http://ibook.state.az.us/>

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ARIZONA DEPARTMENT
OF HEALTH SERVICES

Community Recovery Annex

Arizona Department of Health Services

December 2016

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Record of Distribution

Date:	Recipient:	Platform:

Record of Changes

Date:	Change:	Location
July 2016	New Plan – Created to support Arizona DEMA’s Recovery Framework.	

Recovery Operations Overview

The Arizona Department of Health Services (ADHS) will participate in local or statewide recovery operations along with public and private sector partners. ADHS, in conjunction with the Arizona Department of Emergency and Military Affairs (DEMA), will lead public health and medical recovery operations.

Once life safety and public health concerns have subsided after a disaster or emergency response, recovery operations will become the primary focus. Efforts will concentrate on the restoration of both public health infrastructure and healthcare system capacity and capability. In keeping with the National Disaster Recovery Framework (NDRF), the recovery phase will likely begin while response activities are still in progress. The following overarching priorities will guide response as well as short and long-term recovery efforts:

- Identify and monitor public health, medical and mental/behavioral health system recovery needs
- Coordinate community public health, medical and mental/behavioral health system recovery operations
- Assist in facilitating implementation of corrective action to mitigate damages from future incidents

Demobilization of Response Operations

Demobilization (i.e., shifting from response to recovery operations) may occur in phases, or may take place over a shorter time period depending on the scope and scale of the disaster response. The Health Emergency Operation Center (HEOC) Manager, in consultation with the ADHS Director, will initiate demobilization of HEOC staff and resources, and a return to normal departmental operations for staff not involved in recovery efforts. Initial recovery efforts will be managed through the HEOC, but may transition to another Incident Command System (ICS) structure depending upon the extent of recovery needs. As response activities cease, the HEOC Manager will direct HEOC staff to perform the following demobilization tasks:

- Inform staff, media, and the public that the emergency no longer poses a significant threat to public health or safety and that recovery operations are ongoing
- Supervise the orderly return of HEOC assets (staff, supplies, technology) to normal operation
- Verify that all systems, technology, and communications equipment are accounted for and available to support recovery or future emergency operations
- Ensure that any resources deployed to support response operations are tracked and returned (if possible)
- Conduct after action conferences and follow up with partner agencies and organizations (e.g., local public health, hospitals, healthcare facilities, behavioral health systems/providers, and emergency management)
- Ensure the Planning Section archives all records and documentation generated during the response for ongoing recovery operations and the after action review process

- Ensure the Finance Section collect all financial and administrative documentation associated with the response for possible reimbursement and/or expense reports
- Generate an After Action Report and Improvement Plan (AAR/IP) to document lessons learned, challenges, and barriers associated with the response phase

Preliminary Recovery Operations

In accordance with the NDRF and national best practices, ADHS recovery operations will most likely begin during the initial response phase. Once interagency recovery operations have been initiated by DEMA or ADHS leadership, the HEOC Manager will complete the following action items:

- Conduct a preliminary conference call with DEMA Recovery Support Function (RSF) and health and social service agency recovery leads
- Identify recovery coordination leadership
- Select a RSF model (recovery committee, recovery commission, or task force)
- Complete a recovery specific Incident Command System organization chart and contact roster
- Establish operational periods
- Review or complete in partnership with DEMA RSF, the Recovery Coordination and Support Action Executive Checklist
- Identify data collection criteria and information sharing methodology, timelines and objectives
- Identify priorities and key resources to coordinate
- Clarify the avenues for securing resources
- Discuss close out procedures for recovery operations

Establishing Short and Long Term Recovery Goals

The Health Emergency Operations Center, ADHS Recovery Liaison or designee in collaboration with DEMA, Recovery Commission/Committee and jurisdictional partners, will establish and document short-term and long-term health service recovery goals.

Before establishing recovery goals, ADHS will partner with DEMA to conduct a recovery assessment – using the DEMA Health and Social Service RSF Resource Analysis Tool and Recovery Incident Fact Sheet. The tool and fact sheet will be distributed to impacted jurisdictions, collected, and consolidated prior to submission to DEMA.

The Community Assessment for Public Health Emergency Response (CASPER) Toolkit can be initiated and conducted at the local or state level by health department officials at any time when the public health needs are not well known. CASPER provides household-based information about a community's needs, though it is not intended to provide direct services, it can be initiated within 72 hours. It is important to know the purpose, setting, and availability of resources before making the decision to conduct a CASPER.

During a recovery operation, ADHS, in partnership with DEMA RSF will assist local jurisdictions as they solicit community input on the health service needs via CASPER (or other assessment method) and implementation of public engagement processes. Public information outreach will include messaging to inform the community of the availability of behavioral, psychological first aid, and medical services within the community with particular attention to how these services affect the functional and access needs of at-risk persons. Information distribution will also include engagement strategies (call center, website, press-releases, social media, and network partner outreach) to inform the community of the availability of any disaster or community case management services for those impacted by the incident. ADHS, in partnership with DEMA RSF and the local jurisdiction, will notify the public via community partner networks on plans for restoration of public health, medical, and mental/behavioral services.

The ADHS Recovery Liaison and recovery staff (e.g., Recovery Task Force) will consider the following when establishing short term recovery goals:

- Definitions and identification of essential services needed to sustain public health, medical, and behavioral health operations
- Plans to sustain essential/continuity services for all-hazards
- Scalable work force reductions or workforce redistribution
- Limited access to facilities (staffing or security concerns)
- Broad-based implementation of social distancing policies (if applicable)
- Positions, skills and personnel needed to maintain essential functions/continuity operations
- Identification of agency vital records and documents that support essential functions/continuity operations
- Alternate worksites
- Devolution of uninterruptible services for scaled down operations
- Reconstruction of uninterruptible services

Ongoing Recovery Operations

Strategies to support timely repair or rebuilding of public health services will likely include implementation of alternate service locations while immediate, short-term, and long-term repairs are underway. Implementation of continuity of operation plans, crisis standards of care, facility emergency resource requests, mutual aid, and contracted services are strategies to rebuild services if safe and appropriate to do so.

During a public health disaster, the State Disaster Medical Advisory Committee (SDMAC) will convene to develop incident-specific priorities and guidance for the continued delivery of healthcare and use of scarce medical resources under Crisis Standards of Care. This guidance may address:

- Triage for emergency medical services (EMS)
- Primary, secondary, and tertiary triage for healthcare facilities

- Expanded scopes of practice, as approved by regulatory authorities
- Priorities for medical resources including space, staff, and supplies
- Considerations for healthcare access points, including hospitals, out-of-hospital facilities, and alternate care sites

Once activated for a disaster response, the SDMAC will serve as the statewide policy group for the Health Emergency Operating Center (HEOC). The HEOC, managed by ADHS, will operate in a Unified Command (UC) structure with the State Emergency Operation Center (SEOC) to coordinate the public health and medical responses. Representatives from state and local agencies, healthcare organizations, public health officials, medical and legal experts, and other subject matter experts (SMEs) will participate in the SDMAC. *For more information on the SDMAC, please refer to the Arizona Crisis Standards of Care Plan.*

Procedures to guide the provision of public health services beyond life-sustaining care include meeting the needs of responders and the general public and the implementation of strategies to assure short and long-term services are available through mutual aid, resource requests, and multi-agency coordination to support continuity of care.

ADHS will assist local health departments in supporting organizations executing their own continuity of operations and recovery plans. During ongoing recovery operations, regular participation in the Recovery Task Force (or other ICS entity) will allow local and regional partners to share promising practices, identify effective recovery strategies and tactics, and exchange information.

ADHS recovery operations will support statewide recovery as described in the Arizona Disaster Recovery Framework (AZDRF), which identifies six recovery support functions (see Figure 1). State and local public health recovery may support all six functions, but special emphasis will be placed on the restoration of public health infrastructure and medical and behavioral healthcare systems.

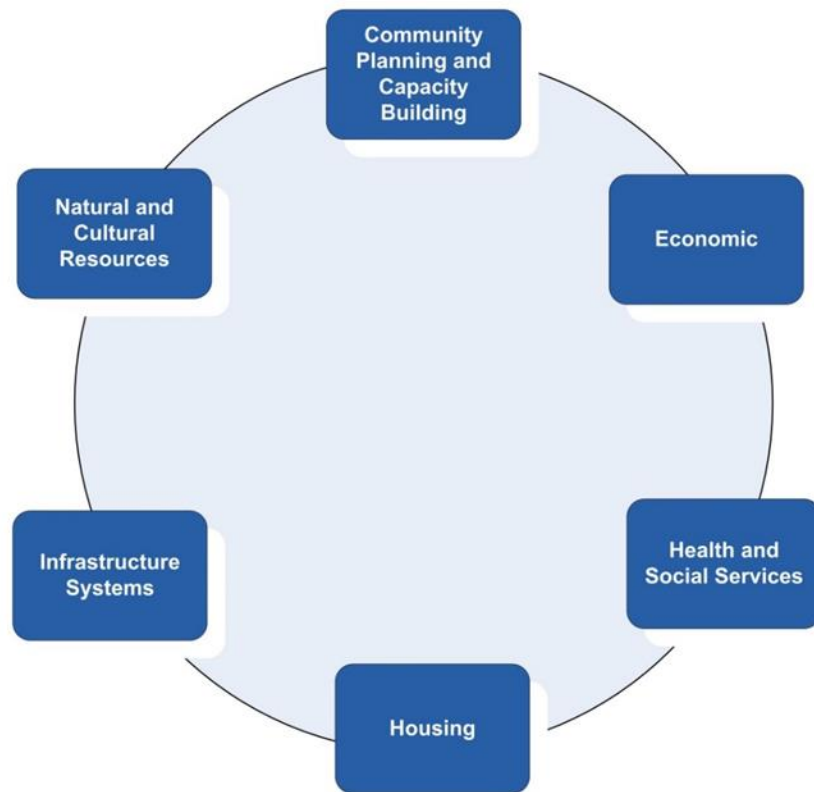


FIGURE : ADHS RECOVERY SUPPORT FUNCTIONS

The following steps will guide the Department’s ongoing recovery operations.

- ADHS will work with local health departments, healthcare system partners, and emergency management to identify required capacity for public health, medical, and behavioral health infrastructure
- Work with private sector health and medical partners to identify economic and logistical challenges for short and long-term recovery efforts
- Coordinate with state, local, tribal, and public sector partners to address healthcare access issues, including routine medical care, emergency medicine, behavioral health, and healthcare services for at-risk populations (e.g., access and functional needs groups, children, lesser English proficiency groups, and isolated/hard-to-reach populations)
- Participate in housing/relocation services for displaced at-risk persons (e.g., long-term care residents, home healthcare recipients, and group homes)
- Support the re-establishment of infrastructure systems that support healthcare facilities and public health essential functions and capacity
- Work with community partners to facilitate the reinstatement of culturally appropriate decedent care services

- Work with local health departments, healthcare system partners, and emergency management to establish and implement an incident-specific recovery timeline based on the specific situation and the ADHS Recovery Continuum (see Figure 2)

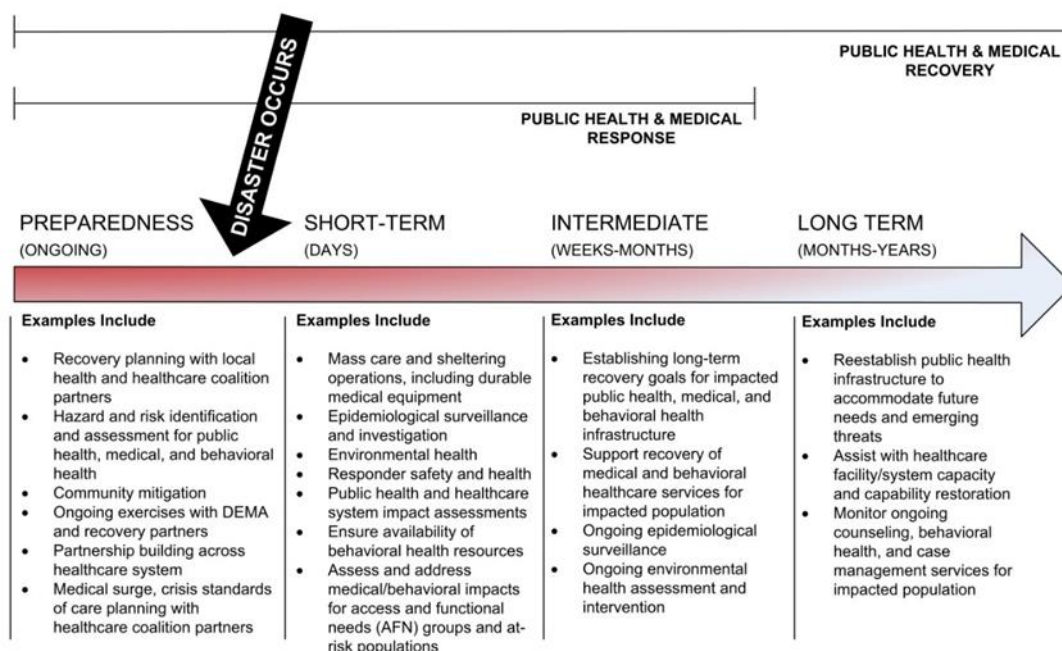


FIGURE : ADHS RECOVERY CONTINUUM

Recovery Demobilization

The recovery process for some disasters will be a long protracted process without a clear end. The rebuilding and recovery efforts following Hurricane Katrina are a prime example of this. However, there are some key steps for demobilizing recovery operations. Regarding public health, medical, and behavioral health systems recovery, full recovery will be achieved when health delivery capacity and capability has reached pre disaster levels. In situations where populations have been permanently displaced, an accurate measure of healthcare/behavioral health recovery will be difficult to establish. A proxy measure (e.g., the number of available healthcare providers per 100,000 people) may be used. Another hallmark of full recovery would be entering a growth phase where healthcare systems, capacity, and capability are improving and expanding relative to pre-disaster levels.

For ADHS staff involved in recovery efforts, demobilization (return to non-recovery duties) may occur in phases or may occur at one time. Regardless of the timeframe, the demobilization of recovery will include the following steps:

- The closeout of all financial tracking and reimbursements for the disaster including all recovery operations
- The return and inventory of all assets deployed for recovery operations

- Recovery staff returning to their pre-disaster roles and responsibilities or being tasked with new, non-recovery work
- The development of a recovery-focused AAR/IP to capture lessons learned, best practices, and areas for improvement

Plan Maintenance

This plan will be tested using the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines and include after action reporting and improvement planning following real-world responses, drills, and exercises. Improvement planning will involve jurisdictional and community partner feedback and collaboration. The process will include outreach via surveys, conference calls, and meetings to include (but not limited to) the following sectors: education, medical, public health, behavioral health and environmental health. In partnership with the Department of Economic Security, private sector partners, educational institutions, and social service providers will be engaged in concert with health to support restoration and access to medical and behavioral health services. ADHS will continue to work with local health departments and healthcare sector partners to develop and refine goals for restoration and demobilization of recovery operations at the state, local, and healthcare coalition level.

Appendix A: Definition & Acronym List

AAR	After Action Report
ADHS	Arizona Department of Health Services
AZDRF	Arizona Disaster Recovery Framework
CASPER	Community Assessment for Public Health Emergency Response (toolkit)
DEMA	(Arizona) Department of Emergency and Military Affairs
HEOC	Health Emergency Operations Center
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
NDRF	National Disaster Recovery Framework
RSF	Recovery Support Function
SDMAC	State Disaster Medical Advisory Committee
UC	Unified Command

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